

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 24, 2002

COUNTY FISCAL LETTER (CFL) No. 02/03 - 10

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: CLAIMING INSTRUCTIONS FOR THE SUPPORTIVE TRANSITIONAL
EMANCIPATION PROGRAM (STEP), TRANSITIONAL HOUSING
PROGRAM PLUS (THP-PLUS), AND THE TRANSITIONAL HOUSING
PLACEMENT PROGRAM (THPP) RATE INCREASE

Reference: Assembly Bill (AB) 427, All County Information Notice (ACIN) No. I-93-01
dated November 14, 2001, All County Letter (ACL) No. 02-04, dated February 4, 2002
and All County Letter (ACL) No. 02-25, dated March 6, 2002, County Fiscal Letter (CFL)
No. 01/02-60, dated June 28, 2002

The purpose of this CFL is to provide Assistance Claim instructions for the STEP,
THP-Plus and THPP rate increase.

BACKGROUND

AB 427 (Chapter 125, Statutes of 2001) created STEP, the THP-Plus rate and the rate
increase paid to THPP providers effective January 1, 2002.

STEP provides housing assistance support to emancipated foster/probation youth up to
age 21 who are pursuing career and educational goals set out in their STEP Transitional
Independent Living Plan (TILP). The THP Plus and THPP rate increase, funded by the
Transitional Housing for Foster Youth Fund, sets a rate increase methodology for THPP
and provides a rate setting methodology for THP Plus. For a detailed summary of each
program, please refer to ACIN No. 1-93-01.

PROGRAM DESCRIPTIONS

STEP

STEP is an assistance program that provides aid payments directly to emancipated foster youth, ages 18 to 21 years, who live on their own or to a THP provider if the youth lives in a THP placement. STEP is funded at 40 percent state, 60 percent county. This is an entitlement program. (Refer to ACIN No. I-93-01)

THP-Plus

For youth participating in the STEP Program, AB 427 established a separate limited fund to provide an increased rate (THP Plus) that is 70 percent of the average county group home rate for emancipated foster youth ages 18 to 21 years. The increased portion of the THP Plus rate is paid from the Transitional Housing for Foster Youth fund and is funded at 40 percent State, 60 percent County. (Refer to ACIN No. I-93-01)

THPP Rate Increase

AB 427 allows for a rate increase of the THPP basic rate that is 75 percent of the average county group home rate for youth, ages 16 to 18 years, who are in a THPP placement. The increased portion of the group home rate is paid from the Transitional Housing for Foster Youth Fund, and will be funded at 40 percent State, 60 percent County funds. (Refer to ACL No. 02-04)

Assistance Claim Instructions

STEP

Aid code 4C has been established to capture the STEP aid payments. A CA 800, Summary Report of Assistance Expenditures for the Supportive Transitional Emancipation Program and The Transitional Housing - Plus Program form was created to capture the STEP payment and THP-Plus rate increase cost.

- CA 800 STEP, Summary Report of Assistance Expenditures Supportive Transitional Emancipation Program (STEP) and Transitional Housing-Plus Program (THP-PLUS) form (Attachment A)

In addition, the following forms have been revised to allow claiming of THPP rate increase costs:

- CA 800 FC FED, Summary Report of Assistance Expenditures Federal Children in Foster Care form (Attachment B)
- CA 800A FC (Nonfed), Summary Report of Assistance Expenditures Nonfederal Children in Foster Care form (Attachment C)
- CA 800 EA (Federal), Summary Report of Assistance Expenditures For Emergency Assistance (EA) Foster Care Federal form (Attachment D)

- CA 800 (Fed) Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Federal–All Families/Zero Parent Families (Attachment E)

Effective in the September 2002 claiming month, participating counties are required to use the new CA 800 STEP and the revised assistance claim forms listed above. Expenditures should be reported according to the instructions listed on the back of each form. Camera-ready copies of the revised forms are available by contacting:

California Department of Social Services
Forms Management Unit
744 P Street, M.S.–182
Sacramento, CA 95814
Telephone Number (916) 657-3447

You may also place an order for camera-ready copies at the following email address:
Fmudss@dss.ca.gov

For time study and claiming instructions, please refer to CFL No. 01/02 -60, dated June 28, 2002.

FUNDING OPTIONS

For Fiscal Year (FY) 2002/03, counties that expressed interest in participating in STEP were surveyed to determine if they wanted to transfer up to 30 percent of their federal ILP funds to STEP. No counties opted to transfer funds for FY 02/03.

Starting with 2003/04, counties who wish to transfer funds may do so one-time only each FY by notifying the California Department of Social Services County Financial Analysis Bureau (CFAB). The amount of the transfer will be based upon a County's estimate of yearly projected STEP expenditures. If a county elects to use their federal ILP funds (up to 30 percent), the funds will be considered a federal fund source for the STEP program and will change the STEP funding to 80 percent federal with the non federal costs shared at 40 percent State, 60 percent county, until the federal funds are fully expended.

Beginning with FY 03/04, Counties opting to transfer funds will be required to submit an ILP Funding Shift Certification Form (See attachment) to the CFAB, at the address listed on the form. For future FYs, counties must submit the form each year by March 1, 2003.

If you have questions regarding this CFL, please contact your Fiscal Policy Analyst at (916) 657-3440. If you have program questions, contact the Funding and Transitional Youth Program Unit at (916) 324-5809. If you have eligibility questions, contact the Funding and Eligibility Unit at (916) 324-5809.

Sincerely,

Original signed by Marge Dillard

On September 24, 2002

MARGE DILLARD, Chief
Fiscal Systems and Accounting Branch

Enclosures

c: CWDA

**INDEPENDENT LIVING PROGRAM (ILP) FUNDING DESIGNATION TO
SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM (STEP)
CERTIFICATION REQUEST FORM**

County: _____

Fiscal Year (FY): _____ Allocation

Amount to be designated: _____

Statement of Understanding

ILP funds designated to STEP can not exceed 30 percent of the federal portion of the County's total ILP allocation and can only be designated one time per FY. Funds will be treated as federal under STEP, which will be shared at the ratio of 80/08/12 until the federal dollars are fully expended. After the federal funds are expended, STEP expenditures will then be shared at 00/40/60. Unexpended federal ILP Funds designated to the STEP program will be available to fund the County's regular ILP services and case management. Counties must submit this certification form to the County Financial Analysis Bureau by March 31st of each year for cost to be designated in the next fiscal year.

County Welfare Department Director

Date

Please submit this form to:

California Department of Social Services
County Financial Analysis Bureau
ATTN: Jennifer Chavez
744 P Street, MS 8-200
Sacramento, CA 95814

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM (STEP)
AND THE TRANSITIONAL HOUSING - PLUS PROGRAM (THP - PLUS)**

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A. PERSONS COUNT	B. AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. Subtotal
		12 A. THP Plus rate increase not reimbursable from federal ILP funds.
		12 B. TOTAL

A.		B.	C.	D.	
ILP FUND EXPENDITURES		Federal ILP Funds (Line 12B x .80)	State Share ILP	County Share ILP	13.
GRAND TOTALS					14.
AMOUNT OF FEDERAL ILP DESIGNATION TO STEP		Total Federal Funds Available	X	Balance Available (Line 15B - Line 13B)	15.
THP PLUS	PERSONS COUNTS	Total THP Plus Rate Increase Paid	Total THP Plus State Share (Line 16B x .40)	Total THP Plus County Share (Line 16B x .60)	16.
(FOR COUNTY USE)	PERSONS COUNTS				17.
					18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 STEP

1. Enter the county name, month and year of claim in the space provided.
2. Enter the name and telephone number of the county staff person to be contacted if there are any questions regarding the claim.
3. All amounts on this form may be rounded to the nearest dollar.
4. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.)
5. Enter the subtotal on Lines 5B, 9B and 11B.
6. Line 12 A - Enter the THP Plus rate increase not reimbursable with STEP funds (11B - THP Plus rates increase).
7. Line 12B - Enter the total (Line 11B - Line 12A).
8. For those counties opting to use federal ILP funds (up to 30%), go to Number 9. For those counties **not** opting to use federal ILP funds, go to Number 12.
9. Line 13B (using federal ILP funds) - Enter the total expenditures paid from ILP funds (Line 12B x 80).
10. Line 13C (using federal ILP funds) - Enter the total State share (Line 12B - Line 13B x .40).
11. Line 13D (using federal ILP funds) - Enter the total County share (Line 12B - Line 13B x .60). Then go to Line 14.
12. Line 13C (**not** using federal ILP funds) - Enter the total State share (Line 12B x .40).
13. Line 13D (**not** using federal ILP funds) - Enter the total County share (Line 12B x .60).
14. Line 14B, C & D - Enter the grand totals.
15. Line 15B - For those counties that used federal ILP funds for STEP, enter the total amount of federal ILP funds available for STEP.
16. Line 15D - Enter the balance of federal ILP funds available for STEP in the current month (Line 15B - Line 13B). Enter zero if funds are fully expended.
17. Line 16A - Enter the persons count for all cases receiving a THP Plus Rate increase.
18. Line 16B - Enter the total THP Plus Rate increase paid (Line 12A)
19. Line 16C - Enter the total State share (Line 16B x 40).
20. Line 16D - Enter the total County Share (Line 16B x 60).
21. Lines 17 and 18 - Requested by counties and use is optional. If adjustments are reported that affect total aid paid, this space may be used for reconciling total expenditures as reported by the County Auditor's records of Welfare Department expenditures.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE

For State Use → <input type="checkbox"/> CDSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A	B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
			(Line 11B - Line 12A) X .50	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
GRAND TOTALS						14.
		(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	
						15.
						16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)		(Line 17A) X .5	(Line 17A - Line 17D + Line 17B) X .40	(Line 17A - Line 17D + Line 17B) X .60	17.
SUPPLEMENTAL CLOTHING ALLOWANCE			(Line 18C) X .50	(Line 18C - Line 18D)		18.
FUNERAL COSTS (11-420.2)						19.
THPP	PERS. CTS.					20.
(FOR COUNTY USE ONLY)	PERS. CTS.					21.
						22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Enter name and telephone number of county staff persons to be contacted if there are any questions regarding the claim.
3. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll).

Please note: Since the \$100 Supplemental Clothing Allowance is a separate fund source, with a different sharing ratio than other costs on the Assistance Claim form, counties must back out these expenditures from line 1b of the main payroll prior to any amount being added.
4. Enter the subtotals in Lines 5 and 9 and the totals in Line 11. Required detail support for schedule of adjustment: Prior month positive adjustment report
5. Line 12A - Enter the net amount not reimbursable from federal funds. (Example: Social worker services (FC1 column F2), interest on original acquisition mortgages and costs incurred for leaseback in accordance with the AFDC - Foster Care Group Home Rate Listing). Required detail support: CA 800 FC (FED)
6. Line 13D - Enter the Federal share: total aid paid (11B) minus Line 12A multiplied by 50 percent.
7. Line 13E - Enter the State share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiple by 40 percent.
8. Line 13F - Enter the County share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiple by 60 percent.
9. Line 14 - Enter Grand Totals.
10. Line 15 and 16 - Reserved for State use.
11. Line 17A - Enter the Total Federal Administration cost: FC1 column E3.
12. Line 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
13. Line 17D - Enter the federal share: (17A) multiplied by .5.
14. Line 17E - Enter the State share: (17A plus [17B] minus (17D) multiplied by 40 percent.
15. Line 17F - Enter the county share: (17A) plus [17B] minus (17D) multiplied by 60 percent.
16. Line 18C - Enter the supplemental clothing allowance expenditures from the county payroll records or other automated payroll system. **REMINDER:** Clothing allowance expenditures must be backed out of the main payroll costs before the main payroll total is listed on Line 1column B.
17. Line 18D - Enter the Federal share: (18C) multiplied by 50 percent.
18. Line 18E - Enter the State share: (18C) minus (18D) equals (18E).
19. Line 19 - To be used for the claiming for reimbursement of funeral costs for foster care children in accordance with MPP Handbook Section 11 - 420.2 (see also MPP Handbook Section 25 -753). Required detailed support: ABCD 801 (AID payroll) - contra roll or equivalent form.
20. Line 20B - Enter the persons count (total number of Federal Children in Foster Care in the Transitional Housing Placement Program (THPP).
21. Line 20C - Enter the total THPP cost: total rate increase paid.
22. Line 20D - Enter the Federal share of costs for THPP: Total rate increase paid x 50 percent.
23. Line 20E - Enter the State share of costs for THPP: Total rate increase paid minus 20D x 40 percent.
24. Line 20F - Enter the County share of cost for THPP: Total rate increase paid minus 20D and 20E.
25. Lines 21 and 22 - Included at county request and use is optional. If adjustments are reported that affect total aid paid, this space may be used for reconciling total expenditures as reported by the County welfare department and the county auditor's records of expenditures.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
NONFEDERAL CHILDREN IN FOSTER CARE**For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY

DATE (MONTH, YEAR)

A. PERSONS COUNT	B. AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL

A.		B.	C.	D.	
GRAND TOTALS		Total Aid Paid (Line 11B)	State Share (Line 11B x .40)	County Share (Line 11B x .60)	12.
					13.
					14.
SUPPLEMENTAL CLOTHING ALLOWANCE					15.
FUNERAL COSTS (11-420.2)					16.
THPP	PERSONS COUNTS	Total THPP Rate Increase	State Share THPP (Line 17B x .40)	County Share THPP (Line 17B x .60)	17.
					18.
(FOR COUNTY USE)	PERSONS COUNTS				19.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800A FC (NONFEDERAL)

1. Enter county name, month and the year of claim in the space provided.
2. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on this form may be rounded to the nearer dollar.

Note: Zero Grant Persons Count has been deleted. Under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.

Note: The \$100 Supplemental Clothing Allowance is a separate fund source from the rest of the costs on the Assistance Claim, with a different sharing ratio (for this form the cost share is 100% State). Counties must back out these expenditures from the main payroll totals prior recording on Line 1B.

3. Enter the subtotals in Lines 5 and 9, and the totals in Line 11. Required detail support for schedule of adjustment: Prior month positive adjustment report.
4. Line 12B - Enter Total Aid Paid (from 11B).
5. Line 12C - Enter the State share: total aid paid (11B x .40).
6. Line 12D - Enter the County share: total aid paid (11B x .60).
7. Lines 13 and 14 - Reserved for State use.
8. Line 15C - Enter 100% of the supplemental clothing allowance expenditures (100% State cost) from the county foster care payroll records or other automated payment system.
9. Line 16 - To be used for claiming reimbursement for funeral cost for foster care children in accordance with EAS Manual Section 11-420.2 (see also Fiscal Handbook Section 25-753). Required detail support: ABCD 801 (Aid Payroll - Contra Roll or equivalent form).
10. Line 17A - Enter the persons count (total number of State FC in the Transitional Housing Placement Program [THPP]).
11. Line 17B - Enter the total THPP rate increase.
12. Line 17C - Enter the State share of cost for THPP: (Line 17B x .40).
13. Line 17D - Enter the County share of cost for THPP: (Line 17B x .60).
14. Lines 18 and 19 - For County use at request of counties.

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)
FOSTER CARE - FEDERAL**

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Note: Use CA 800 EA (10/93) for all adjustments prior to the July 1997 report month.

SOURCE DOCUMENT

(A) Person Counts (Children)	(B) Total Aid	(C)	<u>CURRENT MONTH</u>
			1. Main Payroll
			2. Current Month Supplemental
()	()		3. Current Month Cancellation
			4. Prior Month Supplemental Payroll
			5. Current Month Adjustment
			6. Subtotal
			<u>PRIOR MONTH NEGATIVES</u>
()	()		7. Prior Month Cancellation
()	()		8. Recoveries of Aid
()	()		9. Prior Month Negative Adjustment
()			10. Subtotal
			<u>PRIOR MONTH POSITIVES</u>
			11. Prior Month Positive Adjustments
			12. Subtotal

GRAND TOTALS

A. Persons Counts (6A + 10A + 12A)		B. Total Aid Payments (6C + 10C + 12C)		C. Federal Share (13B x .70)		D. County Share (13B x .30)	
SUPPLEMENTAL CLOTHING ALLOWANCE (SCA)	Total SCA	Federal Share SCA (14A x .5140)		State Share SCA (14A - 14B)			
THPP	A. THPP Persons Counts	B. Total THPP Paid	C. Federal Share THPP (15B x .70)	D. State Share THPP (15B - 15C x .40)	E. County Share THPP (15B - 15C - 15D)		

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance Foster Care in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Emergency Assistance Foster Care made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF THE FORM CA 800 EA (FEDERAL)

GENERAL INFORMATION

Enter county name, month and year of claim in space provided. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

Lines 1A through 5A: Enter the number of children in the person counts column. **Line 1B through 5B:** Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5B. **Line 6A:** Enter the person counts subtotal. **Line 6C:** Enter the subtotal from Lines 1B through 5B.

PRIOR MONTH NEGATIVES

Lines 7A through 10A: Enter the number of children in the person counts column. **Line 7B:** Input total prior month cancellations from integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown on each contra-roll.) **Line 8B:** Enter the total of all cash recovered this month for aid paid in a prior month, including cash abatements or repayments of overpayments received during this report month. **Line 9B:** Enter the total of all prior month negative adjustments that decrease amounts claimed in a prior month. **Line 10C:** Enter the subtotal from Lines 7B through 9B.

PRIOR MONTH POSITIVES

Line 11A: Enter the number of children in the person counts column. **Line 11B:** Enter the amounts for prior months positive adjustments which were in addition to amounts claimed or should have been claimed on a prior month Summary Report. Required detail support: Prior month position adjustment report. **Line 12A:** Enter the number of children in the persons count column. **Line 12C:** Enter the subtotal of the prior months positive adjustments.

COMPUTE GRAND TOTALS FOR FEDERAL AND COUNTY SHARES

Line 13A: Enter the Total Person Counts ($6A + 10A + 12A$). **Line 13B:** Enter the Total Aid Payments ($6C + 10C + 12C$). **Line 13C:** Enter the Federal Share ($13B \times .70$). **Line 13D:** Enter the County Share ($13B \times .30$).

COMPUTE TOTALS FOR SUPPLEMENTAL CLOTHING ALLOWANCE

Line 14A: Enter the supplemental clothing allowance expenditures reported on the county payroll records Statewide Automated Welfare System (SAWS), Case Data Systems (CDS) or other automated systems used by your county to track expenditures. **Line 14B:** Enter the Federal Share total ($14A \times .5140$). **Line 14C:** Enter the State Share total ($14A - 14B$). Note: There is no County Share of cost.

COMPUTE FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)

Line 15A: Enter Persons Count. **Line 15B:** Enter the total THPP expenditures reported on the county Foster Care Payroll records or other automated payroll system. **Line 15C:** Enter the Federal Share of costs ($15B \times .70$). **Line 15D:** Enter the State Share of costs ($15B - 15C \times .40$). **Line 15E:** Enter the County Share of cost: ($15B - 15C - 15D$).

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) - FEDERAL-ALL FAMILIES/ZERO
PARENT FAMILIES/TANF TIMED-OUT FAMILIES**

(Instructions on Reverse Side of Form)

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ All Families ☐ Zero Parent Families ☐ TANF Timed-Out

AID PAYMENTS (AID CODES: 3P, 3R, 30, 32, 33)

SOURCE DOCUMENT

CURRENT MONTH

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. **Subtotal**
7. **Amount Payable with State and County Funds Only**
8. **Federal/State Share [(Lines 6 - 7) x 97.5%]**

PRIOR MONTH NEGATIVES

9. Prior Month Cancellation
10. Recoveries of Aid
11. Prior Month Negative Adjustments
12. **Subtotal**
13. **Amount Payable with State and County Funds Only**
14. **Federal/State Share [(Lines 12 - 13) x 97.5%]**

PRIOR MONTH POSITIVES

15. Prior Month Positive Adjustments
16. **Amount Payable with State and County Funds Only**
17. **Federal/Share [(Lines 15 - 16) x 97.5%]**

STATE ONLY FUNDS

18. Total Number of Federal Assistance Units
19. **Total amount Payable by State Funds Only
(Line 18 x \$1.00)**

GRAND TOTALS

A. Total Aid Paid (Lines 6 + 12 + 15)	B. Payable State/County Only (Lines 7 + 13 + 16)	B1. State Share [(Line 20B x .95) + Line 19] - (Line 19 x .95)	B2. County Share (Line 20B x .05) - (Line 19 x .05)	C. Fed/State Share (Lines 8 + 14 + 17)	D. Total County Share (Lines 20A - 20B - 20C + 20B2) MOE Countable
THPP	Total THPP Rate Increase	State Share THPP (Lines 21B - 21C x .40)	County Share THPP (Lines 21B - 21C x .60)	Federal Share THPP (Line 21C x .70)	

20.

21.

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families, Zero Parent Families, or TANF Timed-Out Families box.
4. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

5. Line 1 through Line 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5.
6. Line 6: Enter the subtotal from Lines 1 through 5.
7. Line 7: Enter the total amount of payments which are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
8. Line 8: Determine and enter the federal/state share of current month payments - [(Line 6 minus Line 7) times 97.5 % Sharing Ratio].

PRIOR MONTH NEGATIVES

9. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
10. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12: Enter the subtotal from Lines 9 through 11.
13. Line 13: Enter the total of all cash recovered, state and county only funds, in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
14. Line 14: Determine and enter the federal/state share of the negative adjustments - [(Line 12 minus Line 13) times 97.5% Sharing Ratio].

PRIOR MONTH POSITIVES

15. Line 15: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report. Required Detailed Support: Prior Month Positive Adjustment Report.
16. Line 16: Enter the total of all prior month adjustments that are payable with state and county funds only (includes TANF Timed-Out Families, Aid Code 32). Required Detailed Support: Payroll Summary.
17. Line 17: Determine and enter the federal/state share of positive adjustments [(Line 15 minus Line 16) times 97.5% Sharing Ratio].

STATE ONLY FUNDS

18. Line 18: Determine and enter the number of assistance units (AUs) represented in your total federal Persons Count (children and adults).
19. Line 19: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times Line 18.

COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

20. Line 20A: Enter the total aid payments (Lines 6 + 12 + 15).
21. Line 20B: Enter the total state and county only fund payments (Lines 7 + 13 + 16).
22. Line 20B1: Enter the total state share [(Line 20B x .95) + Line 19] - (Line 19 x .95).
23. Line 20B2: Enter the total county share (Line 20B x .05) - (Line 19 x .05).
24. Line 20C: Enter the total federal/state share (Lines 8 + 14 + 17).
25. Line 20D: Enter the total county share (Lines 20A - 20B - 20C + 20B2).

COMPUTE TOTALS FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)

26. Line 21B: Enter the total THPP rate increase paid reported on the Foster Care Payroll records or other automated payroll system.
27. Line 21B1: Enter the State share of costs (Lines 21B - 21C x .40).
28. Line 21B2: Enter the county share of costs (Lines 21B - 21C x .60).
29. Line 21C: Enter the Federal share of costs (Line 21C x .70).